

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

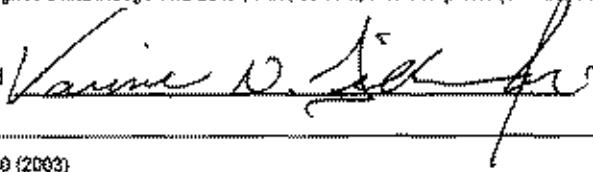
1. File Number U 7847	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	
Name Varine D. Sidor	Address 6801 South US Highway 41
P.O. Box, Bldg., Room No., if any P.O. Box 2157	Labor Organization File Number 031-099
Street 6801 South US Highway 41	P.O. Box, Building and Room Number, if any P.O. Box 2157
City Terre Haute	Street 6801 South US Highway 41
State Indiana	City Terre Haute
ZIP Code + 4 47802	State Indiana
ZIP Code + 4 47802	ZIP Code + 4 47802
5. Position in labor organization. Union Trustee / BUSINESS REPRESENTATIVE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employee your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	
Name Varine D. Sidor	7.a. Nature of Interest, Transaction, or Income.
Trade Name, if any: None	None
P.O. Box, Bldg., Room No., if any: None	
Street: 6801 South US Highway 41	
City: Terre Haute	
State: Indiana	
ZIP Code + 4: 47802	
7.b. Amount.	
None	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On **8/19/05** Date **8/12/05** Telephone Number **812-882-5508**

Name of Person Filing Vaxine Gilham Jr.		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name IUOE Local 841</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 2257</p> <p>Street 6801 South US Highway 41</p> <p>City Terre Haute</p> <p>State Indiana ZIP Code + 4 47301</p>		
<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>		
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IUOE Local 841 Qualified Savings Plan</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 10185</p> <p>Street 1100 Poplar Street, Suite 9</p> <p>City Terre Haute</p> <p>State Indiana ZIP Code + 4 47301</p>		
<p>11.a. Nature of such dealing. Travel and meal expenses incurred for attendance at International Foundation of Employee Benefit Plans Annual Events Vero, Florida in February 2004.</p>		
<p>11.b. Approximate dollar value of such dealing. \$1,946</p>		
<p>12.a. Nature of interest held or income received. Unemployment compensation</p>		
<p>12.b. Amount. \$1,540</p>		
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>		
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>		
<p>14.a. Nature of payment.</p> <p></p>		
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>		
<p>14.b. Amount of payment. </p>		